PTO/SB/21 (09-04)
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Under the Pa	perwork Reduction Act of 1995	no person	s are required to respond to a co Application Number	10/724,83	formation unless it displays a valid OMB control number.
TRANSMITTAL		Filing Date	December 2, 2003		
-		First Named Inventor	Thomas Nelson		
FORM		Art Unit	1653		
			Examiner Name		
(to be used for all correspondence after initial filing)		filing)	Attana Dagled Number	Rooke, A.	
Total Number of Pages in This Submission		_	Attorney Docket Number	17357.013	302US
ENCLOSURES (Check all that apply)					
Amendm A A Extension Express Informati Certified Documer Reply to Incomple	ismittal Form fee Attached fent/Reply fiter Final fidavits/declaration(s) for of Time Request Abandonment Request on Disclosure Statement Copy of Priority fit(s) Missing Parts/ fite Application feeply to Missing Parts finder 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence o	Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 1. Check No. 3826 (\$225.00)
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
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Printed name Einar Stole					
Date December 13, 2004				Reg. No.	47,272
CERTIFICATE OF TRANSMISSION/MAILING					
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number n 12/08/2004. Complete if Known blidated Appropriations Act. 2005 (H.R. 4818). Fees pursuant to the **Application Number** 10/724.833 TRANSMIT December 2, 2003 Filing Date For FY 2005 Thomas Nelson First Named Inventor Rooke, A. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1653 Art Unit TOTAL AMOUNT OF PAYMENT 17357.01302US 225.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): 13-3250 Deposit Account Name: 17357.01302US Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 80 150 Reissue 300 600 150 500 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 = / 50 = ____ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for Extension of Time (2 months) 225.00

SUBMITTED BY Registration No. 47,272 Telephone 202-835-7553 Signature Name (Print/Type) Date December 13, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.